

TRAVEL & TRAINING FORM

Out-of-State Travel Authorization approved: Yes No N/A Auth #: _____

NOTE: Airfare will not be purchased until the authorization is fully approved. If the authorization is not yet approved, Program Staff must notify Support Services when approval is complete.

Name (exactly as it appears on driver's license): _____

Program Manager/Board: _____

Conference/Meeting/Class Name: _____

Start Day & Date: _____ Time: _____ End Day & Date: _____ Time: _____

City: _____ State: _____

Support Services needs to make the following travel arrangements:

REGISTRATION Yes No Only fee payment needed: Yes No

Registration Website: _____

Cost: \$ _____

If the registration needs to be submitted by Support Services, please attach the agenda and screen prints of the online forms with the required information completed (preferred workshops, demographics, etc).

HOTEL RESERVATIONS Yes No Reservation Deadline: _____

Hotel Name: _____ Website: _____

Conference rate per night: \$ _____

AIRLINE TICKETS Yes No

Date of Birth: _____ Cell phone number for airline to contact: _____

Preferred Departure Airport: _____

Preferred days and dates of travel and travel time (early am, am, day, evening, late):

Depart Day & Date: _____ Time: _____ Return Day & Date: _____ Time: _____

OTHER Yes No Type: _____

Justification/Additional Information: _____

Completed by: _____ Date: _____

Program Manager/Designee Approval: _____ Date: _____

BU(s): _____